

MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION9455 W. Watertown Plank
Milwaukee, WI 53226**Wiser Choice Program**Phone: (414) 257-8095
FAX: (414) 454-4242**CMASS MASS DISCHARGE FORM**

_____ (dd/mm/yy)

_____ (Agency)

CMASS D/C Reason Codes: (A) Completed all 3 GBHs/treatment, (B) Client changing to RSC or transferring providers, (C) Treatment discharged, no GBH Intake, (D) Follow-Up GBH window passed (no F/up GBH collected) and GBH Discharge entered (blank or completed), (E) Client died

Closing Reason Codes: (1) Completed Service / Treatment, (2) Referred-Nonalcohol/Drug Pgm, (3) Terminated-Rule Violation, (4) Withdrew Against Staff Advice, (5) Funding/Authorization Expired, (6) Incarcerated for New Offense, (7) Incarcerated for Old Offense, (8) Death, (9) Transfer/Referral-AODA Program, (10) Transfer to IDP Funding, (11) Unable to Locate Client, (12) Transfer to Another Provider

Level of Improvement: Major Improvement, Moderate Improvement, No change, Worsened, Unknown

CLIENT NAME & ID	D/C DATE	CMASS D/C REASON (see codes above)	PROGRESS (satisfactory or unsatisfactory)	CLOSING REASON (see codes above)	LEVEL OF IMPROVEMENT (see options above)